

Fill in this information to identify your case and this filing:

| | | | |
|---|------------|-------------|-----------|
| Debtor 1 | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Central District of California | | | |
| Case number: _____ | | | |

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1. Street address, if available, or other description

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

City _____ State _____ ZIP Code _____

County _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2. Street address, if available, or other description

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

City _____ State _____ ZIP Code _____

County _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

1.3. _____
Street address, if available, or other description

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

City _____ State _____ ZIP Code _____

County _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ _____

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Check if this is community property (see instructions)

3.3. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model: _____

Year: _____

Approximate mileage: _____

Other information:
_____ **Check if this is community property** (see instructions)

\$ _____ \$ _____

3.4. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model: _____

Year: _____

Approximate mileage: _____

Other information:
_____ **Check if this is community property** (see instructions)

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yes

4.1. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model: _____

Year: _____

Other information:
_____ **Check if this is community property** (see instructions)

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model: _____

Year: _____

Other information:
_____ **Check if this is community property** (see instructions)

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ➔

\$ _____

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware No Yes. Describe..... **Furniture, Microwave, Refrigerator, Pottery, Silverware, Dinnerware**

\$ _____ 2750

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe..... **Television**

\$ _____ 350

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.....

\$ _____

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....

\$ _____

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....

\$ _____

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe..... **Everyday clothes**

\$ _____ 3000

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....

\$ _____

13. Non-farm animals*Examples:* Dogs, cats, birds, horses No Yes. Describe.....

\$ _____

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.

\$ _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$ _____ 6100

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes

Cash:

\$

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes

Institution name:

17.1. Checking account: _____ \$ _____

17.2. Checking account: _____ \$ _____

17.3. Savings account: _____ \$ _____

17.4. Savings account: _____ \$ _____

17.5. Certificates of deposit: _____ \$ _____

17.6. Other financial account: _____ \$ _____

17.7. Other financial account: _____ \$ _____

17.8. Other financial account: _____ \$ _____

17.9. Other financial account: _____ \$ _____

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes

Institution or issuer name:

_____ \$ _____

_____ \$ _____

_____ \$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

\$ _____

_____ % _____ \$ _____

_____ % _____ \$ _____

_____ % _____ \$ _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account: Institution name:

| | | |
|-------------------------|-------------------------|------------|
| 401(k) or similar plan: | _____ | \$ _____ |
| Pension plan: | Social Security Benefit | \$ 1011.42 |
| IRA: | _____ | \$ _____ |
| Retirement account: | _____ | \$ _____ |
| Keogh: | _____ | \$ _____ |
| Additional account: | _____ | \$ _____ |
| Additional account: | _____ | \$ _____ |

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes

Institution name or individual:

| | | |
|----------------------------------|-------|----------|
| Electric: | _____ | \$ _____ |
| Gas: | _____ | \$ _____ |
| Heating oil: | _____ | \$ _____ |
| Security deposit on rental unit: | _____ | \$ _____ |
| Prepaid rent: | _____ | \$ _____ |
| Telephone: | _____ | \$ _____ |
| Water: | _____ | \$ _____ |
| Rented furniture: | _____ | \$ _____ |
| Other: | _____ | \$ _____ |

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes

Issuer name and description:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them....

| | |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them....

| | |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them....

| | |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

Money or property owed to you?**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.

| |
|-------|
| _____ |
|-------|

| | |
|----------|----------|
| Federal: | \$ _____ |
| State: | \$ _____ |
| Local: | \$ _____ |

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....

| |
|-------|
| _____ |
|-------|

| | |
|----------------------|----------|
| Alimony: | \$ _____ |
| Maintenance: | \$ _____ |
| Support: | \$ _____ |
| Divorce settlement: | \$ _____ |
| Property settlement: | \$ _____ |

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.....

| | |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company _____ Company name: _____ Beneficiary: _____ Surrender or refund value: _____
of each policy and list its value.

\$ _____
\$ _____
\$ _____**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.

\$ _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.

\$ _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim.

\$ _____

35. Any financial assets you did not already list No Yes. Give specific information.

\$ _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here →

\$ 1011.42

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Current value of the portion you own?**
Do not deduct secured claims or exemptions.**38. Accounts receivable or commissions you already earned** No Yes. Describe.

\$ _____

39. Office equipment, furnishings, and supplies*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe.

\$ _____

Debtor 1

Simon

First Name

Middle Name

Last Name

Main Document

Case Number (if known) _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade No Yes. Describe.....

| | |
|--|----------|
| | \$ _____ |
|--|----------|

41. Inventory No Yes. Describe.....

| | |
|--|----------|
| | \$ _____ |
|--|----------|

42. Interests in partnerships or joint ventures No Yes. Describe..... Name of entity:

% of ownership:

| | | |
|-------|---------|----------|
| _____ | _____ % | \$ _____ |
| _____ | _____ % | \$ _____ |
| _____ | _____ % | \$ _____ |

43. Customer lists, mailing lists, or other compilations No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

| | |
|--|----------|
| | \$ _____ |
|--|----------|

44. Any business-related property you did not already list No Yes. Give specific information

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

| |
|----------|
| \$ _____ |
|----------|

Part 6:**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes

| | |
|--|----------|
| | \$ _____ |
|--|----------|

48. Crops—either growing or harvested

 No Yes. Give specific information.....

\$

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes

\$

50. Farm and fishing supplies, chemicals, and feed

 No Yes

\$

51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information.....

\$

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.....\$
\$
\$

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2



\$ 0

56. Part 2: Total vehicles, line 5 \$ 0

57. Part 3: Total personal and household items, line 15 \$ 6100

58. Part 4: Total financial assets, line 36 \$ 1011.42

59. Part 5: Total business-related property, line 45 \$

60. Part 6: Total farm- and fishing-related property, line 52 \$

61. Part 7: Total other property not listed, line 54 + \$

62. Total personal property. Add lines 56 through 61. \$ 7111.42 Copy personal property total → + \$ 7111.42

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$ 7111.42

Fill in this information to identify your case:

| | | | |
|--|------------|-------------|---|
| Debtor 1 | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Central District of California | | | |
| Case number (If known) | | | <input type="checkbox"/> Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|---|--|------------------------------------|
| | Copy the value from <i>Schedule A/B</i> | <i>Check only one box for each exemption.</i> | |
| Brief description: <u>Social Sec. Benefit</u> | \$ <u>1011.42</u> | <input checked="" type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 USC §§ 522(d)(10)(A) |
| Line from <i>Schedule A/B</i> : <u>21</u> | | | |
| Brief description: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from <i>Schedule A/B</i> : _____ | | | |
| Brief description: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from <i>Schedule A/B</i> : _____ | | | |

3. Are you claiming a homestead exemption of more than \$214,000?

(Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Part 2: Additional Page

Fill in this information to identify your case:

| | | | |
|--|------------|-------------|-----------|
| Debtor 1 | First Name | Middle Name | Last Name |
| Simon | | | Hovsepyan |
| Debtor 2 | First Name | Middle Name | Last Name |
| (Spouse, if filing) | | | |
| United States Bankruptcy Court for the: Central District of California | | | |
| Case number (If known) _____ | | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|---|--|
|--|---|--|

| | | | |
|---|---|------------------------------|----------|
| 2.1 | Describe the property that secures the claim: | \$ 1011.42 | \$ _____ |
| Creditor's Name _____ | | | |
| Number | Street | | |
| | | 11 USC §§ 522(d)(1)-(6),(9). | |
| City | State | ZIP Code | |
| As of the date you file, the claim is: Check all that apply. | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| Who owes the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim relates to a community debt | | | |
| Date debt was incurred _____ | | | |
| Last 4 digits of account number _____ | | | |
| 2.2 | Describe the property that secures the claim: | \$ _____ | \$ _____ |
| Creditor's Name _____ | | | |
| Number | Street | | |
| | | 11 USC §§ 522(d)(1)-(6),(9). | |
| City | State | ZIP Code | |
| As of the date you file, the claim is: Check all that apply. | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| Who owes the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim relates to a community debt | | | |
| Date debt was incurred _____ | | | |
| Last 4 digits of account number _____ | | | |
| Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____ | | | |

Part 1:**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Column A | Column B | Column C |
|-----------------|--|--------------------------|
| Amount of claim | Value of collateral that supports this claim | Unsecured portion If any |

_____ **Describe the property that secures the claim:** \$ _____ \$ _____ \$ _____

Creditor's Name _____

Number Street _____

City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt _____

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

_____ **Describe the property that secures the claim:** \$ _____ \$ _____ \$ _____

Creditor's Name _____

Number Street _____

City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt _____

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

_____ **Describe the property that secures the claim:** \$ _____ \$ _____ \$ _____

Creditor's Name _____

Number Street _____

City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt _____

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____**If this is the last page of your form, add the dollar value totals from all pages. Write that number here:** \$ _____

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

 Name _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

 Number _____ Street _____

 City _____ State _____ ZIP Code _____

 Name _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

 Number _____ Street _____

 City _____ State _____ ZIP Code _____

 Name _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

 Number _____ Street _____

 City _____ State _____ ZIP Code _____

 Name _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

 Number _____ Street _____

 City _____ State _____ ZIP Code _____

 Name _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

 Number _____ Street _____

 City _____ State _____ ZIP Code _____

 Name _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

 Number _____ Street _____

 City _____ State _____ ZIP Code _____
Print**Save As...****Add Attachment****Reset**

Fill in this information to identify your case:

| | | | |
|--|------------|---|-----------|
| Debtor 1 | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Central District of California | | | |
| Case number (if known) | | <input type="checkbox"/> Check if this is an amended filing | |

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|---|---------------------------------|------------------------|----------------------|
| 2.1 | Last 4 digits of account number | \$ 1011.42 | \$ |
| Priority Creditor's Name | | | |
| Number Street | | | |
| City | | 11 USC §§ (6),(9)-(11) | 11 USC §§ 522(d)(1)- |
| State | | ZIP Code | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 2.2 | Last 4 digits of account number | \$ | \$ |
| Priority Creditor's Name | | | |
| Number Street | | | |
| City | | State | ZIP Code |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

| | |
|--|--|
| <p>Priority Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____</p> |
|--|--|

| | |
|--|--|
| <p>Priority Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____</p> |
|--|--|

| | |
|--|--|
| <p>Priority Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____</p> |
|--|--|

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | | | | |
|---|--|-------|---------------------------------|-----------------------------|-------------|------------|
| 4.1 | | | DISCOVER BANK | | Total claim | |
| Nonpriority Creditor's Name | | | Last 4 digits of account number | | \$ 14,639 | |
| PO BOX 30939 | | | | | | |
| Number Street | | | | When was the debt incurred? | | 06/16/2022 |
| SALT LAKE | | UT | 84130 | | | |
| City | | State | ZIP Code | | | |
| Who incurred the debt? Check one. | | | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | | | | |
| Is the claim subject to offset? | | | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | |
| 4.2 | | | AFFIRM INC | | \$ 3,101 | |
| Nonpriority Creditor's Name | | | Last 4 digits of account number | | | |
| 30 Isabella St, Floor 4, | | | | | | |
| Number Street | | | | When was the debt incurred? | | 12/06/2023 |
| Pittsburgh | | PA | 15212 | | | |
| City | | State | ZIP Code | | | |
| Who incurred the debt? Check one. | | | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | | | | |
| Is the claim subject to offset? | | | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | |
| 4.3 | | | ALLY FINANCIAL | | \$ 24,491 | |
| Nonpriority Creditor's Name | | | Last 4 digits of account number | | | |
| 500 Woodward Ave | | | | | | |
| Number Street | | | | When was the debt incurred? | | 08/09/2024 |
| DETROIT | | MI | 48226 | | | |
| City | | State | ZIP Code | | | |
| Who incurred the debt? Check one. | | | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | | | | |
| Is the claim subject to offset? | | | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | |

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | |
|--|--|---|
| | <p>AMEX Nonpriority Creditor's Name 43 Butterfield Circle Number Street El Paso TX 79906 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u> D N </u> \$ <u>17,966</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card</u></p> |
| | <p>AMEX Nonpriority Creditor's Name 43 Butterfield Circle Number Street El Paso FL 79906 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u> </u> \$ <u>10,810</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card</u></p> |
| | <p>APPLE CARD/GS BANK USA Nonpriority Creditor's Name LOCKBOX 6112 PO BOX7247 Number Street PHILADELPHIA PA 19170 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u> </u> \$ <u>4,598</u></p> <p>When was the debt incurred? <u>11/07/2023</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card</u></p> |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

JEFFERSON CAPITAL SYSTEMS LLC

Name

16 MCLELAND RD

Number Street

SAINT CLOUD MN 56303

City

State

ZIP Code

MIDLAND CREDIT MANAGEMENT INC.

Name

350 Camino De La Reina, Suite 100

Number Street

San Diego CA 92108

City

State

ZIP Code

CREDIT CONTROL LLC

Name

3300 Rider Trail S Suite 500

Number Street

Earth city MO 63045

City

State

ZIP Code

CREDIT CONTROL LLC

Name

3300 Rider Trail S Suite 500

Number Street

Earth city MO 63045

City

State

ZIP Code

CREDIT CONTROL LLC

Name

3300 Rider Trail S Suite 500

Number Street

Earth city MO 63045

City

State

ZIP Code

FIRSTSOURCE ADVANTAGE, LLC

Name

205 Bryant Woods South

Number Street

Amherst NY 14228

City

State

ZIP Code

CLIENT SERVICES INC.

Name

3451 Harry S Truman Blvd

Number Street

Saint Charles MO 63301

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 8 3 4

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 7 0 1

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 5 1 4

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 7 2 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 1 4 7

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 7 9 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 3 6 1

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

| | | |
|---------------------------------|--|--------------------|
| Total claim | | |
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. \$ _____ |
| | 6b. Taxes and certain other debts you owe the government | 6b. \$ _____ |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ _____ |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + \$ _____ |
| | 6e. Total. Add lines 6a through 6d. | 6e. \$ _____ |
| Total claim | | |
| Total claims from Part 2 | 6f. Student loans | 6f. \$ _____ |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ _____ |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ _____ |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + \$ 1,150,787 |
| | 6j. Total. Add lines 6f through 6i. | 6j. \$ 1,150,787 |

Print**Save As...****Add Attachment****Reset**

SIMON HOVSEPYAN

Continuation page of Schedule E/F Part 2

4.7. BANK OF AMERICA

Address: **NC1-021-02-12, 401 N Tryon St, Charlotte, NC 28255**

Account number: **Don't know ("DK")**

\$20,315

When was the debt incurred: **Oct 18, 2023**

Type: **Credit Card**

4.8. BANK OF AMERICA

Address: **NC1-021-02-12, 401 N Tryon St, Charlotte, NC 28255**

Account number: **"DK"**

\$14,059

When was the debt incurred: **Oct 18, 2023**

Type: **Credit Card**

4.9. CAPITAL ONE

Address: **1680 Capital One Dr., McLean, VA 22102**

Account number: **"DK"**

\$5,498

When was the debt incurred: **Nov 13, 2023**

Type: **Credit Card**

4.10. CAPITAL ONE

Address: **1680 Capital One Dr., McLean, VA 22102**

Account number: **"DK"**

\$5,089

When was the debt incurred: **Nov 13, 2023**

Type: **Credit Card**

4.11. CBNA

Address: **P.O. Box 6767, Sioux Falls, SD 57117**

Account number: “**DK**”

\$44,542

When was the debt incurred: **Nov 22, 2023**

Type: **Credit Card/Business Debt**

4.12. CBNA

Address: **P.O. Box 6767, Sioux Falls, SD 57117**

Account number: “**DK**”

\$62,872

When was the debt incurred: **Apr 25, 2023**

Type: **Credit Card/Business Debt**

4.13. CBNA

Address: **P.O. Box 6767, Sioux Falls, SD 57117**

Account number: “**DK**”

\$56,941

When was the debt incurred: **Oct 07, 2023**

Type: **Credit Card/Business Debt**

4.14. CCB/BREADCASHBACK

Address: **PO Box 183043, Columbus, OH 43218**

Account number: “**DK**”

\$6,385

When was the debt incurred: **Nov 12, 2023**

Type: **Credit Card**

4.15. COMENITYCB/TOYOTA VISA

Address: **PO Box 183043, Columbus, OH 43218**

Account number: “**DK**”

\$25,676

When was the debt incurred: **Nov 15, 2023**

Type: **Credit Card**

4.16. FREEDOM ROAD FINANCIAL

Address: **10509 PROFESSIONAL CIR SRENO, NV 89521**

Account number: “**DK**”

\$7,847

When was the debt incurred: **Jan 02, 2024**

Type: **Credit Card**

4.17. GOLDMAN SACHS AND CO

Address: **PO BOX 70321 PHILADELPHIA, PA 19176**

Account number: “**DK**”

\$40,963

When was the debt incurred: **Oct 13, 2023**

Type: **Business Card/Business Debt**

4.18. JPMCB CARD

Address: **700 Kansas Lane, Monroe, LA 71203**

Account number: “**DK**”

\$34,387

When was the debt incurred: **Nov 15, 2023**

Type: **Credit Card/Business Debt**

4.19. JPMCB CARD

Address: **700 Kansas Lane, Monroe, LA 71203**

Account number: "DK"

\$97,110

When was the debt incurred: **Oct 15, 2023**

Type: **Credit Card/Business Debt**

4.20. JPMCB CARD

Address: **700 Kansas Lane, Monroe, LA 71203**

Account number: "DK"

\$35,907

When was the debt incurred: **Oct 16, 2023**

Type: **Credit Card/Business Debt**

4.21. RIZE FCU

Address: **PO Box 8017, El Monte, CA 91734**

Account number: "DK"

\$21,819

When was the debt incurred: **Apr 17, 2024**

Type: **Lease**

4.22. SERVICE FCU

Address: **PO Box 410, Portsmouth, NH 03802**

Account number: "DK"

\$21,858

When was the debt incurred: **May 21, 2024**

Type: **Credit card/Business Debt**

4.23. SYNCB

Address: **P.O. Box 965065, Orlando, FL 32896**

Account number: “**DK**”

\$36,355

When was the debt incurred: **Dec 01, 2023**

Type: **Secured Loan/Business Debt**

4.24. SYNCB/CAR CARE SYN CAR

Address: **P.O. Box 965065, Orlando, FL 32896**

Account number: “**DK**”

\$4,733

When was the debt incurred: **Nov 29, 2023**

Type: **Charge Card**

4.25. SYNCB/LOWES

Address: **P.O. Box 965061, Orlando, FL 32896**

Account number: “**DK**”

\$6,946

When was the debt incurred: **Dec 01, 2023**

Type: **Charge Card**

4.26. SYNCB/LOWES

Address: **P.O. Box 965061, Orlando, FL 32896**

Account number: “**DK**”

\$565

When was the debt incurred: **Aug 06, 2020**

Type: **Charge Card**

4.27. TOYOTA MOTOR CREDIT

Address: **PO BOX 9786 CEDAR, RAPIDS, IA 52409**

Account number: “**DK**”

\$4

When was the debt incurred: **Feb 21, 2025**

Type: **Auto Lease**

4.28. US BANK

Address: **P.O. Box 6352, Fargo, ND 58125**

Account number: “**DK**”

\$71,318

When was the debt incurred: **Jan 26, 2024**

Type: **Auto Lease**

4.29. US BANK

Address: **P.O. Box 6352, Fargo, ND 58125**

Account number: “**DK**”

\$400

When was the debt incurred: **Oct 25, 2023**

Type: **Credit Card**

4.30. WFBNA CARD

Address: **P.O. Box 51193, Los Angeles, CA 90051**

Account number: “**DK**”

\$18,290

When was the debt incurred: **Oct 25, 2023**

Type: **Credit Card**

4.31. WFBNA CARD

Address: **P.O. Box 51193, Los Angeles, CA 90051**

Account number: “**DK**”

\$21,017

When was the debt incurred: **Oct 25, 2023**

Type: **Credit Card**

4.32. IMPRINT PAYMENTS, INC.

Address: **77 WATER STREET STE 2304, BROOKLYN, NY 10005**

Account number: “**DK**”

\$2,528

When was the debt incurred: “**DK**”

Type: **Credit card**

4.33. AMEX

Address: **43 Butterfield Circle, El Paso, TX 79906**

Account number: “**DK**”

\$18,457

When was the debt incurred: “**DK**”

Type: **Credit Card**

4.34. BANK OF AMERICA

Address: **NC1-021-02-12, 401 N Tryon St, Charlotte, NC 28255**

Account number: **XXXXXXXXXX5514**

\$36,281

When was the debt incurred: “**DK**”

Type: **Credit Card/Business Debt**

4.35. BANK OF AMERICA

Address: **NC1-021-02-12, 401 N Tryon St, Charlotte, NC 28255**

Account number: **XXXXXXXXXXXX1725**

\$36,566

When was the debt incurred: **“DK”**

Type: **Credit Card/Business debt**

4.36. US BANK

Address: **P.O. Box 6352, Fargo, ND 58125**

Account number: **XXXXXXXXXXXX6796**

\$29,797

When was the debt incurred: **“DK”**

Type: **Credit Card/Business Debt**

4.37. Citibank, N.A.

Address: **P.O. Box 6767, Sioux Falls, SD 57117**

Account number: **XXXXXXXXXXXX4998**

\$20,247

When was the debt incurred: **“DK”**

Type: **Commercial account**

4.38. Love's travel stops

Address: **10601 N Pennsylvania Oklahoma City, OK 73120**

Account number: **3755140**

\$102,690

When was the debt incurred: **“DK”**

Type: **Business Debt**

4.39. Quick Books Capital

Address: **2700 Coast Avenue, Mountain View, CA 94043**

FHC Reference: **4348693**

\$22,505

When was the debt incurred: "**DK**"

Type: **Loan/ Business Debt**

4.40. PrePass

Address: **101 E Washington St Ste 500, Phoenix, AZ 85004**

Account number: **6411609**

\$127

When was the debt incurred: "**DK**"

Type: "**DK**"

4.41. Verizon Wireless

Address: **500 Technology Drive, Suite 550, Weldon Spring, MO 63304**

Account number: **34753090**

\$7,616

When was the debt incurred: "**DK**"

Type: **Mobile debt**

4.42. US BANK

Address: **P.O. Box 6352, Fargo, ND 58125**

Account number: **XXXXXXXXXX6796**

\$29,797

When was the debt incurred: "**DK**"

Type: **Credit card/Business Debt**

4.43. BANK OF AMERICA

Address: **NC1-021-02-12, 401 N Tryon St, Charlotte, NC 28255**

Account number: **XXXXXXXXXX5514**

\$36,281

When was the debt incurred: **“DK”**

Type: **Credit Card/Business Debt**

4.44. AMUR EQUIPMENT FINANCING INC.

Address: **304 W. 3rd St. P.O. Box 2555 Grand Island, NE 68801**

Account number: **“DK”**

\$71,268

When was the debt incurred: **“DK”**

Type: **Loan/Business Debt**

4.45. DRIVEKS, TOLL STATEMENT

Address: **Kansas Turnpike Authority, 9401 E Kellogg Dr, Wichita, KS 67207**

Account number: **4537350**

\$117

When was the debt incurred: **May 16, 2025**

Type: **Toll fee**

4.46. DEPARTMENT OF MOTOR VEHICLES

Address: **P.O.BOX 825339, Sacramento, CA 94232**

Account number: **272058**

\$9

When was the debt incurred: **May 10, 2025**

Type: **“DK”**

SIMON HOVSEPYAN

Continuation page of Schedule E/F Part 3

CLIENT SERVICES INC.

Address: **3451 Harry S Truman Blvd, Saint Charles, MO 63301**

Account number: XXXXXXXXXXXX1989

Collection amount: **\$6,946**

When was the debt incurred: **Dec 01, 2023**

Original creditor: **SYNCB/LOWES, Line 4.25**

SUNRISE CREDIT SERVICES INC.

Address: PO BOX 9004, Melville, NY, 11747

Account number: XXXXXXXXXXXX8872

Collection amount: **\$20,315**

When was the debt incurred: **Oct 18, 2023**

Original creditor: **BANK OF AMERICA, Line 4.7**

SUNRISE CREDIT SERVICES INC.

Address: PO BOX 9004, Melville, NY, 11747

Account number: XXXXXXXXXXXX7560

Collection amount: **\$14,059**

When was the debt incurred: **Oct 18, 2023**

Original creditor: **BANK OF AMERICA, Line 4.8**

McCarthy, Burgess & Wolff

Address: 26000 Cannon Road, Cleveland, Ohio 44146

Account number: XXXXXXXXXXXX4998

Collection amount: **\$20,247**

When was the debt incurred: **“DK”**

Original creditor: **Citibank, N.A., Line 4.37**

Caine & Weiner

Address: **PO BOX 55848, Sherman Oaks, CA 91413**

Account number: **3755140**

Collection amount: **\$102,690.37**

When was the debt incurred: "DK"

Original creditor: **Love's travel stops, Line 4.38**

Pucin & Friedland, Law office of John S. Pucin, P.C.

Address: **5805 Sepulveda Blvd., 4th floor, Sherman Oaks, CA 91411**

Account number: **3755140**

Collection amount: **\$102,690.37**

When was the debt incurred: "DK"

Original creditor: **Love's travel stops, Line 4.38**

F.H. Cann & Associates, Inc.

Address: **100 Domain Drive, Suite 200, Exeter, NH 03833**

FHC Reference: **4348693**

Collection amount: **\$22,505.17**

When was the debt incurred: "DK"

Original creditor: **Quick Books Capital, Line 4.39**

Biehl & Biehl, Inc.

Address: **PO BOX 87410, Carol Stream, IL 60188**

Account number: **6411609**

Collection amount: **\$127**

When was the debt incurred: "DK"

Original creditor: **PrePass, Line 4.40**

Diversified Adjustment Service, Inc.

Address: **PO BOX 32145, Fridley, MN 55432**

Account number: **34753090**

Collection amount: **\$7,616**

When was the debt incurred: **“DK”**

Original creditor: **Verizon Wireless, Line 4.41**

Radius Global Solutions LLC

Address: **7505 Metro blvd. Suite 400, Edina, MN 55437**

Account number: **xxxxxxxxxxxx4150**

Collection amount: **\$5,089**

When was the debt incurred: **Nov 13, 2023**

Original creditor: **CAPITAL ONE, Line 4.10**

SUNRISE CREDIT SERVICES INC.

Address: **PO BOX 9004, Melville, NY, 11747**

Account number: **XXXXXXXXXXXX6796**

Collection amount: **\$29,797.53**

When was the debt incurred: **“DK”**

Original creditor: **U.S. Bank, Line 4.42**

CREDIT CONTROL LLC

Address: **3300 Rider Trail S Suite 500, Earth city, MO 63045**

Account number: **XXXXXXXXXXXX5514**

Collection amount: **\$36,281.30**

When was the debt incurred: **“DK”**

Original creditor: **BANK OF AMERICA, Line 4.43**

STUART – LIPPMAN AND ASSOCIATES INC.

Address: **5447 East 5th Street, Suite 110, Tucson, AZ 85711**

Account number: **“DK”**

Collection amount: **\$71,268.05**

When was the debt incurred: **“DK”**

Original creditor: **AMUR EQUIPMENT FINANCING INC.**, Line **4.44**

Fill in this information to identify your case:

| | | | |
|--|------------|-------------|---|
| Debtor | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Central District of California | | | |
| Case number (if known) | | | <input type="checkbox"/> Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | | | State what the contract or lease is for |
|-----|--|--------|----------|---|
| 2.1 | Name | | | |
| | Number | Street | | |
| | City | State | ZIP Code | |
| 2.2 | Name | | | |
| | Number | Street | | |
| | City | State | ZIP Code | |
| 2.3 | Name | | | |
| | Number | Street | | |
| | City | State | ZIP Code | |
| 2.4 | Name | | | |
| | Number | Street | | |
| | City | State | ZIP Code | |
| 2.5 | Name | | | |
| | Number | Street | | |
| | City | State | ZIP Code | |

Debtor 1

Simon

Hovsepyan

Case number (if known) _____

First Name Middle Name Last Name

Additional Page if You Have More Contracts or Leases**Person or company with whom you have the contract or lease****What the contract or lease is for**

2.2

Name _____

Number Street _____

City State ZIP Code _____

2.3

Name _____

Number Street _____

City State ZIP Code _____

2.4

Name _____

Number Street _____

City State ZIP Code _____

2.5

Name _____

Number Street _____

City State ZIP Code _____

2.6

Name _____

Number Street _____

City State ZIP Code _____

2.7

Name _____

Number Street _____

City State ZIP Code _____

2.8

Name _____

Number Street _____

City State ZIP Code _____

2.9

Name _____

Number Street _____

City State ZIP Code _____

Print**Save As...****Add Attachment****Reset**

Fill in this information to identify your case:

| | | | |
|--|------------|---|-----------|
| Debtor 1 | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Central District of California | | | |
| Case number (If known) | | <input type="checkbox"/> Check if this is an amended filing | |

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes. In which community state or territory did you live? California. Fill in the name and current address of that person.

Tsovik Baghramyan

Name of your spouse, former spouse, or legal equivalent

115 S Verdugo Rd Apt 2

Number Street

Glendale

CA

91205

City

State

ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Schedule D, line _____

Number Street _____

Schedule E/F, line _____

City State ZIP Code _____

Schedule G, line _____

3.2

Name _____

Schedule D, line _____

Number Street _____

Schedule E/F, line _____

City State ZIP Code _____

Schedule G, line _____

3.3

Name _____

Schedule D, line _____

Number Street _____

Schedule E/F, line _____

City State ZIP Code _____

Schedule G, line _____

Debtor 1

Simon

Main Document Page 41 of 92

First Name Middle Name Last Name

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3._____

Name _____

 Schedule D, line _____

Number Street _____

 Schedule E/F, line _____

City State ZIP Code _____

 Schedule G, line _____

3._____

Name _____

 Schedule D, line _____

Number Street _____

 Schedule E/F, line _____

City State ZIP Code _____

 Schedule G, line _____

3._____

Name _____

 Schedule D, line _____

Number Street _____

 Schedule E/F, line _____

City State ZIP Code _____

 Schedule G, line _____

3._____

Name _____

 Schedule D, line _____

Number Street _____

 Schedule E/F, line _____

City State ZIP Code _____

 Schedule G, line _____

3._____

Name _____

 Schedule D, line _____

Number Street _____

 Schedule E/F, line _____

City State ZIP Code _____

 Schedule G, line _____

3._____

Name _____

 Schedule D, line _____

Number Street _____

 Schedule E/F, line _____

City State ZIP Code _____

 Schedule G, line _____

3._____

Name _____

 Schedule D, line _____

Number Street _____

 Schedule E/F, line _____

City State ZIP Code _____

 Schedule G, line _____

3._____

Name _____

 Schedule D, line _____

Number Street _____

 Schedule E/F, line _____

City State ZIP Code _____

 Schedule G, line _____**Print****Save As...****Add Attachment****Reset**

Debtor 1 Simon

First Name Middle Name Last Name

Hovsepyan

Case number (if known) _____

| | <u>For Debtor 1</u> | <u>For Debtor 2 or non-filing spouse</u> |
|--|--------------------------|--|
| Copy line 4 here..... | → 4. \$ <u>0</u> | \$ <u>0</u> |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ <u>0</u> | \$ <u>0</u> |
| 5b. Mandatory contributions for retirement plans | 5b. \$ <u>0</u> | \$ <u>0</u> |
| 5c. Voluntary contributions for retirement plans | 5c. \$ <u>0</u> | \$ <u>0</u> |
| 5d. Required repayments of retirement fund loans | 5d. \$ <u>0</u> | \$ <u>0</u> |
| 5e. Insurance | 5e. \$ <u>0</u> | \$ <u>0</u> |
| 5f. Domestic support obligations | 5f. \$ <u>0</u> | \$ <u>0</u> |
| 5g. Union dues | 5g. \$ <u>0</u> | \$ <u>0</u> |
| 5h. Other deductions. Specify: _____ | 5h. + \$ <u>0</u> | + \$ <u>0</u> |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$ <u>0</u> | \$ <u>0</u> |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ <u>0</u> | \$ <u>0</u> |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ <u>0</u> | \$ <u>0</u> |
| 8b. Interest and dividends | 8b. \$ <u>0</u> | \$ <u>0</u> |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ <u>0</u> | \$ <u>0</u> |
| 8d. Unemployment compensation | 8d. \$ <u>0</u> | \$ <u>0</u> |
| 8e. Social Security | 8e. \$ <u>1011.42</u> | \$ <u>1011.42</u> |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>Food stamps</u> | 8f. \$ <u>200</u> | \$ <u>200</u> |
| 8g. Pension or retirement income | 8g. \$ <u> </u> | \$ <u> </u> |
| 8h. Other monthly income. Specify: _____ | 8h. + \$ <u>0</u> | + \$ <u>0</u> |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. \$ <u>1211.42</u> | \$ <u>1211.42</u> |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ <u>1211.42</u> | + \$ <u>1211.42</u> = \$ <u>2422.84</u> |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. | | |
| Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: <u>Food stamps</u> | | |
| 11. + \$ <u> </u> | | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies | | |
| 12. \$ <u>2422.84</u> | | |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____ | | |

Fill in this information to identify your case:

| | | | |
|--|------------|-------------|-----------|
| Debtor 1 | First Name | Middle Name | Last Name |
| | Simon | | Hovsepyan |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| | | | |
| United States Bankruptcy Court for the: Central District of California | | | |
| Case number (if known) _____ | | | |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

Your expenses

| | | |
|-----|----|----------------------------------|
| 4. | \$ | 11 USC §§ 522(d)(1)-(6),(9)-(11) |
| 4a. | \$ | 0 |
| 4b. | \$ | 0 |
| 4c. | \$ | 0 |
| 4d. | \$ | 0 |

Debtor 1 Simon Hovsepyan Case number (if known) _____

First Name Middle Name Last Name

| Your expenses | |
|--|------------------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. \$ _____ |
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. \$ _____ 110 |
| 6b. Water, sewer, garbage collection | 6b. \$ _____ 100 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ _____ 60 |
| 6d. Other. Specify: _____ | 6d. \$ _____ 0 |
| 7. Food and housekeeping supplies | 7. \$ _____ |
| 8. Childcare and children's education costs | 8. \$ _____ |
| 9. Clothing, laundry, and dry cleaning | 9. \$ _____ |
| 10. Personal care products and services | 10. \$ _____ |
| 11. Medical and dental expenses | 11. \$ _____ |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ _____ |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ _____ |
| 14. Charitable contributions and religious donations | 14. \$ _____ |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. \$ _____ 0 |
| 15b. Health insurance | 15b. \$ _____ 0 |
| 15c. Vehicle insurance | 15c. \$ _____ 0 |
| 15d. Other insurance. Specify: _____ | 15d. \$ _____ 0 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. \$ _____ 0 |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. \$ _____ 0 |
| 17b. Car payments for Vehicle 2 | 17b. \$ _____ 0 |
| 17c. Other. Specify: _____ | 17c. \$ _____ 0 |
| 17d. Other. Specify: _____ | 17d. \$ _____ 0 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ _____ |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | 19. \$ _____ |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. Mortgages on other property | 20a. \$ _____ 0 |
| 20b. Real estate taxes | 20b. \$ _____ 0 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ _____ 0 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ _____ 0 |
| 20e. Homeowner's association or condominium dues | 20e. \$ _____ 0 |

Debtor 1 **Simon** Hovsepyan Case number (if known) _____

21. Other. Specify: _____

21. +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ _____ 2460

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ _____ 0

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ _____ 2460

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ _____ 2422.84

23b. Copy your monthly expenses from line 22c above.

23b. - \$ _____ 2460

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ _____ -37.16

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Fill in this information to identify your case:

| | | | |
|--|------------|-------------|-----------|
| Debtor 1 | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Central District of California | | | |
| Case number (If known) | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| Your assets | |
|---|-------------------|
| Value of what you own | |
| 1. Schedule A/B: Property (Official Form 106A/B) | |
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> | \$ <u>0</u> |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> | \$ <u>7111.42</u> |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> | <u>7111.42</u> |

Part 2: Summarize Your Liabilities

| Your liabilities | |
|---|----------------|
| Amount you owe | |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | |
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> | \$ <u> </u> |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ <u>0</u> |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | <u>1150787</u> |
| | <u>1150787</u> |

Part 3: Summarize Your Income and Expenses

| | |
|---|--------------|
| 4. Schedule I: Your Income (Official Form 106I) | |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ <u> </u> |
| 5. Schedule J: Your Expenses (Official Form 106J) | |
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ <u> </u> |

Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ _____

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \$ _____ 0

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ _____ 0

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ _____ 0

9d. Student loans. (Copy line 6f.) \$ _____ 0

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ _____ 0

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ _____ 0

9g. **Total.** Add lines 9a through 9f. \$ _____ 0

Fill in this information to identify your case:

| | | |
|---|------------|-------------|
| Debtor 1 | Simon | Hovsepyan |
| | First Name | Middle Name |
| | | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name |
| | | Last Name |
| United States Bankruptcy Court for the: Central District of California | | |
| Case number (If known) | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and*
Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

Simon Hovsepyan

x

Signature of Debtor 1

Signature of Debtor 2

Date 07/01/2025
MM / DD / YYYY

Date _____

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Central District of California

Case number (If known): _____ Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Simon

First name

Hovsepyan

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

Simon

First name

Hovsepyan

Middle name

Last name

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 5 0 5 5

OR

9 xx - xx - _____

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

First name

Middle name

Last name

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

xxx - xx - _____

OR

9 xx - xx - _____

Debtor 1

Simon

First Name

Hovsepyan

Middle Name

Last Name

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Your Employer Identification Number (EIN), if any.

EIN : 61 - 1991726

EIN _____

EIN _____

EIN _____

5. Where you live

115 S VERDUGO RD APT 2

Number Street

GLENDALE CA 91205
City State ZIP Code

USA

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1

Simon

First Name

Hovsepyan

Middle Name

Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No

Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No

Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Simon Hovsepyan
First Name Middle Name Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

No. Go to Part 4.
 Yes. Name and location of business

Name of business, if any _____

Number Street _____

City _____ State _____ ZIP Code _____

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor*?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
 Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1 Simon Hovsepyan Case number (if known) _____
First Name Middle Name Last Name

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No

Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property? _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

Debtor 1

Simon

First Name

Hovsepyan

Middle Name

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Simon Hovsepyan**
 First Name Middle Name Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.
 business debts

17. Are you filing under Chapter 7?

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No
 Yes

18. How many creditors do you estimate that you owe?

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

| | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Simon Hovsepyan

x

Signature of Debtor 1

x

Signature of Debtor 2

Executed on 07/01/2025
 MM / DD / YYYY

Executed on _____
 MM / DD / YYYY

Debtor 1

Simon

First Name

Hovsepyan

Middle Name

Last Name

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.





Date

07/01/2025

MM / DD / YYYY

Signature of Attorney for Debtor

Karine Gevorgyan, Esq.

Printed name

KVG Legal Counseling, APC

Firm name

330 N Brand blvd., Suite 1280

Number Street

Glendale

City

CA

91203

State

ZIP Code

Contact phone 747 2035944

Email address info@kvglegalcounseling.com

347779

Bar number

CA

State

Debtor 1

Simon

First Name

Hovsepyan

Middle Name

Last Name

Case number (if known) _____

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No
 Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No
 Yes. Name of Person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x

Simon Hovsepyan

x

Signature of Debtor 1

Signature of Debtor 2

Date

MM / DD / YYYY

Date

MM / DD / YYYY

Contact phone _____

Contact phone _____

Cell phone _____

Cell phone _____

Email address _____

Email address _____

Fill in this information to identify your case:

| | | | |
|--|------------|-------------|-----------|
| Debtor 1 | First Name | Middle Name | Last Name |
| | Simon | | Hovsepyan |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| | | | |
| United States Bankruptcy Court for the: Central District of California | | | |
| Case number (If known) _____ | | | |

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
|---------------------|-------------------------------|---|---|
| Number Street | From _____ To _____ | <input type="checkbox"/> Same as Debtor 1 | <input type="checkbox"/> Same as Debtor 1 From _____ To _____ |
| City State ZIP Code | City State ZIP Code | | |
| Number Street | From _____ To _____ | <input type="checkbox"/> Same as Debtor 1 | <input type="checkbox"/> Same as Debtor 1 From _____ To _____ |
| City State ZIP Code | City State ZIP Code | | |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known) _____

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 No Yes. Fill in the details.

| | Debtor 1 | Debtor 2 | | |
|---|---|--|---|--|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ |
| For last calendar year: (January 1 to December 31, <u>2024</u> <u>YYYY</u>) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | \$ <u>3,953</u> | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ |
| For the calendar year before that: (January 1 to December 31, <u>2023</u> <u>YYYY</u>) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | \$ <u>38,124</u> | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

 No Yes. Fill in the details.

| | Debtor 1 | Debtor 2 | | |
|---|--------------------------------------|---|--------------------------------------|---|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | | \$ _____ | \$ _____ | \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ |
| For last calendar year: (January 1 to December 31, <u>2024</u> <u>YYYY</u>) | Soc. Sec. Benefit | \$ <u>4045.68</u> | | \$ _____ |
| | | \$ _____ | | \$ _____ |
| For the calendar year before that: (January 1 to December 31, <u>2023</u> <u>YYYY</u>) | | \$ _____ | \$ _____ | \$ _____ |
| | | \$ _____ | | \$ _____ |
| | | \$ _____ | | \$ _____ |

Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$8,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|---------------------|------------------|-------------------|----------------------|---|
| Creditor's Name | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| Number Street | _____ | _____ | _____ | |
| City State ZIP Code | _____ | _____ | _____ | |
| Creditor's Name | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| Number Street | _____ | _____ | _____ | |
| City State ZIP Code | _____ | _____ | _____ | |
| Creditor's Name | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| Number Street | _____ | _____ | _____ | |
| City State ZIP Code | _____ | _____ | _____ | |

Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------------------------|------------------|-------------------|----------------------|-------------------------|
| Insider's Name | | \$ _____ | \$ _____ | |
| Number Street | | | | |
| City _____ State _____ ZIP Code _____ | | | | |
| Insider's Name | | \$ _____ | \$ _____ | |
| Number Street | | | | |
| City _____ State _____ ZIP Code _____ | | | | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments that benefited an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|---------------------------------------|------------------|-------------------|----------------------|--|
| Insider's Name | | \$ _____ | \$ _____ | |
| Number Street | | | | |
| City _____ State _____ ZIP Code _____ | | | | |
| Insider's Name | | \$ _____ | \$ _____ | |
| Number Street | | | | |
| City _____ State _____ ZIP Code _____ | | | | |

Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

| Nature of the case | Court or agency | Status of the case |
|---|--|--|
| Case title <u>PNC Bank, National Association vs Simon Trans Inc</u> Case number <u>CVPS2405126</u> | Complaint for: 1. Breach of line of credit, 2. Breach of guaranty, 3. Money lent; and 4. Account stated. | County of Riverside Court Name 3255 E Tahquitz Canyon Way Number Street Palm Springs CA 92262 City State ZIP Code |
| Case title _____ Case number _____ | | Court Name Number Street City State ZIP Code |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

| Describe the property | Date | Value of the property |
|---|---|-----------------------|
| Creditor's Name Number Street City State ZIP Code | | \$ _____ |
| | | |
| Explain what happened | <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | |
| | | |
| Describe the property | Date | Value of the property |
| Creditor's Name Number Street City State ZIP Code | | \$ _____ |
| | | |
| Explain what happened | <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | |
| | | |

Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

| Describe the action the creditor took | | Date action was taken | Amount |
|---------------------------------------|--------|-----------------------|---|
| Creditor's Name | | | |
| Number | Street | \$ _____ | |
| | | | |
| City | State | ZIP Code | Last 4 digits of account number: XXXX-_____ |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|----------|
| Person to Whom You Gave the Gift | | _____ | \$ _____ |
| | | _____ | \$ _____ |
| Number Street | | | |
| City State ZIP Code | | | |
| Person's relationship to you | | | |

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|----------|
| Person to Whom You Gave the Gift | | _____ | \$ _____ |
| | | _____ | \$ _____ |
| Number Street | | | |
| City State ZIP Code | | | |
| Person's relationship to you | | | |

Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

 No Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|--|-------------------------------|----------------------|----------|
| Charity's Name _____ _____ _____ | | _____ | \$ _____ |
| Number Street _____ _____ | | _____ | \$ _____ |
| City State ZIP Code _____ _____ _____ | | | |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

 No Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
| | | _____ | \$ _____ |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--|-----------------------------------|-------------------|
| Person Who Was Paid _____ _____ _____ | _____ | \$ _____ |
| Number Street _____ _____ _____ | _____ | \$ _____ |
| City State ZIP Code _____ _____ _____ | | |
| Email or website address _____ _____ | | |
| Person Who Made the Payment, if Not You _____ _____ _____ | | |

Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known) _____

Person Who Was Paid

Number Street

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

| | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---------------------|---|-----------------------------------|-------------------|
| Person Who Was Paid | | | \$ _____ |
| Number Street | | | \$ _____ |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid

Number Street

City State ZIP Code

| | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---------------------|---|-----------------------------------|-------------------|
| Person Who Was Paid | | | \$ _____ |
| Number Street | | | \$ _____ |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer

Number Street

City State ZIP Code

Person's relationship to you _____

Person Who Received Transfer

Number Street

City State ZIP Code

Person's relationship to you _____

| Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|--|------------------------|
| | | _____ |
| | | _____ |

Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

 No Yes. Fill in the details.

| Description and value of the property transferred | | Date transfer was made |
|---|--|------------------------|
| Name of trust _____ | | |
| _____ | | |

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

 No Yes. Fill in the details.

| | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|-------------------------------|---------------------------------|--|--|---|
| Name of Financial Institution | XXXX-_____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |
| Number Street | _____ | | | |
| City State ZIP Code | _____ | | | |
| Name of Financial Institution | XXXX-_____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |
| Number Street | _____ | | | |
| City State ZIP Code | _____ | | | |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

 No Yes. Fill in the details.

| | Who else had access to it? | Describe the contents | Do you still have it? |
|-------------------------------|----------------------------|-----------------------|--|
| Name of Financial Institution | Name _____ | _____ | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Number Street | Number Street _____ | _____ | |
| City State ZIP Code | _____ | _____ | |

Debtor 1 **Simon Hovsepyan** Case number (if known) _____

First Name Middle Name Last Name

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

 No Yes. Fill in the details.

| Who else has or had access to it? | Describe the contents | Do you still have it? |
|-----------------------------------|-----------------------|--|
| Name of Storage Facility | Name | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Number Street | Number Street | |
| City State ZIP Code | | |
| City State ZIP Code | | |

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

 No Yes. Fill in the details.

| Where is the property? | Describe the property | Value |
|------------------------|-----------------------|----------|
| Owner's Name | | \$ _____ |
| Number Street | Number Street | |
| City State ZIP Code | | |
| City State ZIP Code | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

 No Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|---------------------|-----------------------------------|----------------|
| Name of site | Governmental unit | _____ |
| Number Street | Number Street | |
| City State ZIP Code | | |
| City State ZIP Code | | |

Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

 No Yes. Fill in the details.

| Governmental unit | | Environmental law, if you know it | Date of notice |
|-------------------|---------------------|-----------------------------------|----------------|
| Name of site | Governmental unit | | |
| Number Street | Number Street | | |
| | City State ZIP Code | | |
| City | State ZIP Code | | |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

 No Yes. Fill in the details.

| Court or agency | Nature of the case | Status of the case |
|---------------------|---------------------------|------------------------------------|
| Case title _____ | Case title _____ | <input type="checkbox"/> Pending |
| Court Name _____ | Court Name _____ | <input type="checkbox"/> On appeal |
| Number Street _____ | Number Street _____ | <input type="checkbox"/> Concluded |
| Case number _____ | City State ZIP Code _____ | |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

 No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

| | | |
|---|-------------------------------------|--|
| SIMON TRANS INC. Business Name | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| 68381 PEREZ ROAD Number Street | TRANSPORTATION | EIN: 6 1 1 9 9 1 7 2 6 |
| CATHEDRAL CA 92234 City State ZIP Code | Name of accountant or bookkeeper | Dates business existed |
| | | From 01/07/202 To 05/09/2024 |
| Business Name | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| Number Street | | EIN: _____ |
| | Name of accountant or bookkeeper | Dates business existed |
| City State ZIP Code | | From _____ To _____ |

Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known) _____

Business Name _____

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Number Street _____

Name of accountant or bookkeeper

EIN: _____

City _____ State _____ ZIP Code _____

Dates business existed

From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Name _____

MM / DD / YYYY

Number Street _____

City _____ State _____ ZIP Code _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

 *Simon Hovsepyan*



Signature of Debtor 1

Signature of Debtor 2

Date 07/01/202

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

| | | | | | |
|--|---------------------|------------|-------------|-----------|-----------|
| Debtor 1 | First Name | Simon | Middle Name | Hovsepyan | Last Name |
| Debtor 2 | (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: Central District of California | | | | | |
| Case number (If known) | | | | | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

- For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's name: | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Description of property securing debt: | | |
| Creditor's name: | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Description of property securing debt: | | |
| Creditor's name: | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Description of property securing debt: | | |
| Creditor's name: | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Description of property securing debt: | | |

Debtor 1

Simon

First Name Middle Name

Last Name

Hovsepyan

Case number (if known) _____

Part 2:**List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases | Will the lease be assumed? |
|--|------------------------------|
| Lessor's name: | <input type="checkbox"/> No |
| Description of leased property: | <input type="checkbox"/> Yes |
| Lessor's name: | <input type="checkbox"/> No |
| Description of leased property: | <input type="checkbox"/> Yes |
| Lessor's name: | <input type="checkbox"/> No |
| Description of leased property: | <input type="checkbox"/> Yes |
| Lessor's name: | <input type="checkbox"/> No |
| Description of leased property: | <input type="checkbox"/> Yes |
| Lessor's name: | <input type="checkbox"/> No |
| Description of leased property: | <input type="checkbox"/> Yes |
| Lessor's name: | <input type="checkbox"/> No |
| Description of leased property: | <input type="checkbox"/> Yes |
| Lessor's name: | <input type="checkbox"/> No |
| Description of leased property: | <input type="checkbox"/> Yes |
| Lessor's name: | <input type="checkbox"/> No |
| Description of leased property: | <input type="checkbox"/> Yes |

Part 3:**Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.





Signature of Debtor 1

Signature of Debtor 2

Date 07/01/2025
MM / DD / YYYYDate _____
MM / DD / YYYY

Fill in this information to identify your case:

| | | | |
|--|------------|-------------|-----------|
| Debtor 1 | First Name | Middle Name | Last Name |
| Debtor 1 | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Central District of California | | | |
| Case number (If known) | | | |

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

 Check if this is an amended filing**Official Form 122A-1****Chapter 7 Statement of Your Current Monthly Income**

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|----------------------|--|
|----------------------|--|

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions) \$ 0 \$ 03. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. \$ 0 \$ 04. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. \$ 0 \$ 05. Net income from operating a business, profession, or farm
Debtor 1 Debtor 2
Gross receipts (before all deductions) \$ 0 \$ 0
Ordinary and necessary operating expenses - \$ 0 - \$ 0
Net monthly income from a business, profession, or farm \$ 0 00 Copy here → \$ 0 006. Net income from rental and other real property
Debtor 1 Debtor 2
Gross receipts (before all deductions) \$ 0 \$ 0
Ordinary and necessary operating expenses - \$ 0 - \$ 0
Net monthly income from rental or other real property \$ 0 00 Copy here → \$ 0 007. Interest, dividends, and royalties \$ 0 \$ 0

Debtor 1 Simon Case number (if known) _____

First Name Middle Name

Last Name

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: _____

\$ 0 \$ 0

For you \$ 0
For your spouse \$ 0

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ 0 \$ 0

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ 0 \$ 0

\$ 0 \$ 0

\$ 0 \$ 0

+ \$ 0 + \$ 0

\$ 0 + \$ 0

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11. **Copy line 11 here ➔**

\$ 0

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b. \$ 0

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

CA

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household. **13.**

\$ 87355

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3. Do NOT fill out or file Official Form 122A-2.

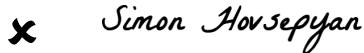
14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*. Go to Part 3 and fill out Form 122A-2.

Debtor 1 Simon Hovsepyan Case number (if known) _____

First Name Middle Name Last Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

 *Simon Hovsepyan*

Signature of Debtor 1

Date 07/01/2025
MM / DD / YYYY



Signature of Debtor 2

Date
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Print

Save As...

Add Attachment

Reset

Fill in this information to identify your case:

| | | | |
|--|------------|-------------|-----------|
| Debtor 1 | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Central District of California | | | |
| Case number (if known) | | | |

 Check if this is an amended filing**Official Form 122A-1Supp****Statement of Exemption from Presumption of Abuse Under § 707(b)(2)** 12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1: Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).

No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?

No. Go to line 3.

Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

No. Go to line 3.

Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

3. **Are you or have you been a Reservist or member of the National Guard?**

No. Complete Form 122A-1. Do not submit this supplement.

Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

No. Complete Form 122A-1. Do not submit this supplement.

Yes. Check any one of the following categories that applies:

I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.

I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____, which is fewer than 540 days before I file this bankruptcy case.

I am performing a homeland defense activity for at least 90 days.

I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

| | | | | | |
|---|------------|-------------|--|---|-------|
| Information to identify the case: | | | | | |
| Debtor 1 | First Name | Middle Name | Last Name | Last 4 digits of Social Security number or ITIN | 50 55 |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | EIN | _____ |
| United States Bankruptcy Court for the: <u>Central</u> District of <u>California</u> (State) | | | Last 4 digits of Social Security number or ITIN _____ | | |
| Case number: _____ | | | EIN _____ | | |
| | | | [Date case filed for chapter 7 07 01 2025 MM / DD / YYYY OR Date case filed in chapter _____ MM / DD / YYYY Date case converted to chapter 7 MM / DD / YYYY] | | |

Official Form 309A (For Individuals or Joint Debtors)

Notice of Chapter 7 Bankruptcy Case — No Proof of Claim Deadline 10/20

For the debtors listed above, a case has been filed under chapter 7 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtors or the debtors' property. For example, while the stay is in effect, creditors cannot sue, garnish wages, assert a deficiency, repossess property, or otherwise try to collect from the debtors. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although debtors can ask the court to extend or impose a stay.

The debtors are seeking a discharge. Creditors who assert that the debtors are not entitled to a discharge of any debts or who want to have a particular debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office within the deadlines specified in this notice. (See line 9 for more information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at <https://pacer.uscourts.gov>).

The staff of the bankruptcy clerk's office cannot give legal advice.

To help creditors correctly identify debtors, debtors submit full Social Security or Individual Taxpayer Identification Numbers, which may appear on a version of this notice. However, the full numbers must not appear on any document filed with the court.

Do not file this notice with any proof of claim or other filing in the case. Do not include more than the last four digits of a Social Security or Individual Taxpayer Identification Number in any document, including attachments, that you file with the court.

| About Debtor 1: | | About Debtor 2: | |
|---|--|---|--|
| 1. Debtor's full name | Simon Hovsepyan | | |
| 2. All other names used in the last 8 years | Simon Hovsepyan | | |
| 3. Address | 115 S VERDUGO RD APT 2, GLENDALE, CA 91205 | If Debtor 2 lives at a different address: | |
| 4. Debtor's attorney | Karine Gevorgyan, Esq., KVG Legal Counseling APC Name and address 330 N Brand blvd., Suite 1280, Glendale, CA 91203 | Contact phone | (818)6408481 |
| | | Email | info@kvglegalcounseling.com |
| 5. Bankruptcy trustee | Name and address | Contact phone | _____ |
| | | Email | _____ |

For more information, see page 2 ►

Debtor Simon Hovsepyan
Name

Case number (if known) _____

6. Bankruptcy clerk's office

Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at <https://pacer.uscourts.gov>.

Hours open _____

Contact phone _____

7. Meeting of creditors

Debtors must attend the meeting to be questioned under oath. In a joint case, both spouses must attend.

Creditors may attend, but are not required to do so.

Date _____ at _____

Location: _____

The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket.

8. Presumption of abuse

If the presumption of abuse arises, you may have the right to file a motion to dismiss the case under 11 U.S.C. § 707(b). Debtors may rebut the presumption by showing special circumstances.

[The presumption of abuse does not arise.]

[The presumption of abuse arises.]

[Insufficient information has been filed to permit the clerk to determine whether the presumption of abuse arises. If more complete information is filed and shows that the presumption has arisen, the clerk will notify creditors.]

9. Deadlines

The bankruptcy clerk's office must receive these documents and any required filing fee by the following deadlines.

File by the deadline to object to discharge or to challenge whether certain debts are dischargeable:

Filing deadline: _____

You must file a complaint:

if you assert that the debtor is not entitled to receive a discharge of any debts under any of the subdivisions of 11 U.S.C. § 727(a)(2) through (7), or

if you want to have a debt excepted from discharge under 11 U.S.C. § 523(a)(2), (4), or (6).

You must file a motion if you assert that

the discharge should be denied under § 727(a)(8) or (9).

Deadline to object to exemptions:

Filing deadline: 30 days after the conclusion of the meeting of creditors

The law permits debtors to keep certain property as exempt. If you believe that the law does not authorize an exemption claimed, you may file an objection.

10. Proof of claim

Please do not file a proof of claim unless you receive a notice to do so.

No property appears to be available to pay creditors. Therefore, please do not file a proof of claim now. If it later appears that assets are available to pay creditors, the clerk will send you another notice telling you that you may file a proof of claim and stating the deadline.

11. Creditors with a foreign address

If you are a creditor receiving a notice mailed to a foreign address, you may file a motion asking the court to extend the deadlines in this notice. Consult an attorney familiar with United States bankruptcy law if you have any questions about your rights in this case.

12. Exempt property

The law allows debtors to keep certain property as exempt. Fully exempt property will not be sold and distributed to creditors. Debtors must file a list of property claimed as exempt. You may inspect that list at the bankruptcy clerk's office or online at <https://pacer.uscourts.gov>. If you believe that the law does not authorize an exemption that the debtors claim, you may file an objection. The bankruptcy clerk's office must receive the objection by the deadline to object to exemptions in line 9.

| | |
|--|--|
| Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address | FOR COURT USE ONLY |
| Karine Gevorgyan, Esq. KVG Legal Counseling APC 330 N Brand blvd., Suite 1280 Glendale, CA 91203 Tel.: 747 2035944 SBN: 347779 info@kvglegalcounseling.com | |
| <input type="checkbox"/> <i>Debtor(s) appearing without an attorney</i> <input checked="" type="checkbox"/> <i>Attorney for Debtor(s)</i> | |
| UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION | |
| In re: Simon Hovsepyan, an individual | CASE NO.: CHAPTER: 7 |
| | DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)] |
| Debtor(s). | [No hearing required] |

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

I was not paid by an employer because I was either self-employed only, or not employed.

Date: 07/01/2025 Simon Hovsepyan
Printed name of Debtor 1

Simon Hovsepyan

Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60 day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*

I was not paid by an employer because I was either self-employed only, or not employed.

Date: _____

Printed name of Debtor 2

Signature of Debtor 2

| | |
|---|---------------------------|
| <p>Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address</p> <p>Karine Gevorgyan, Esq. KVG Legal Counseling APC 330 N Brand blvd., Suite 1280 Glendale, CA 91203 Tel.: 747 2035944 SBN: 347779 info@kvglegalcounseling.com</p> | <p>FOR COURT USE ONLY</p> |
| <p><input type="checkbox"/> <i>Debtor(s) appearing without attorney</i></p> | |
| <p><input checked="" type="checkbox"/> <i>Attorney for Debtor</i></p> | |
| <p>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION</p> | |
| <p>In re:</p> | <p>CASE NO.:</p> |
| <p>Simon Hovsepyan, an individual</p> | <p>CHAPTER: 7</p> |
| <p>VERIFICATION OF MASTER MAILING LIST OF CREDITORS</p> | |
| <p>[LBR 1007-1(a)]</p> | |
| <p>Debtor(s).</p> | |

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 6 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Simon Hovsepyan

Date: 07/01/2025

Signature of Debtor 1

Date:

Signature of Debtor 2 (joint debtor) (if applicable)

Date: 07/01/2025

Signature of Attorney for Debtor (if applicable)

This form is optional. It has been approved for use in the United States Bankruptcy Court for the Central District of California

**STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LBR 1015-2
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Los Angeles, California

Simon Hovsepyan

Signature of Debtor 1

Date: 07/01/25

Signature of Debtor 2

| | |
|--|---|
| Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Karine Gevorgyan, Esq. KVG Legal Counseling APC 330 N Brand blvd., Suite 1280 Glendale, CA 91203 Tel.: 747 2035944 SBN: 347779 info@kvglegalcounseling.com | FOR COURT USE ONLY |
| UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION | |
| In re: Simon Hovsepyan, an individual Debtor(s). | CASE NO.: CHAPTER: 7 DEBTOR'S ATTORNEY'S DISCLOSURE OF COMPENSATION ARRANGEMENT IN INDIVIDUAL CHAPTER 7 CASE [LBR 2090-1(a)(3)] |

1. **Compensation Arrangement.** Pursuant to 11 U.S.C. § 329(a), FRBP 2016(b), and LBR 2090-1(a)(3) and (4), I disclose that:
 - a. I am the attorney for the Debtor.
 - b. Compensation that was paid to me, within one year before the petition was filed, or was agreed to be paid to me, for services rendered or to be rendered on behalf of the Debtor in contemplation of or in connection with this bankruptcy case, is as follows:
 - i. For legal services, I have agreed to accept an hourly rate of \$_____; or a flat fee of \$1500_____
 - ii. Prior to filing this disclosure I received \$500_____
 - iii. The balance due is \$1000_____
2. **Source of Compensation Paid Postpetition (Postpetition Compensation).**
 - a. **Already Paid.** The source(s) of the Postpetition Compensation paid to me was:
 Debtor(s) Other (specify): _____
 - b. **To be Paid.** The source(s) of the Postpetition Compensation to be paid to me is:
 Debtor(s) Other (specify): _____
3. **Sharing of Compensation Paid Postpetition.**
 I have not agreed to share Postpetition Compensation with any other person unless they are members or regular associates of my law firm within the meaning of FRBP 9001(10).
 I have agreed to share Postpetition Compensation with other person or persons who are not members or regular associates of my law firm within the meaning of FRBP 9001(10). Attached as Exhibit A is a copy of the agreement and a list of the names of the people sharing in the Postpetition Compensation.

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

4. **Limited Scope of Services.** A limited scope of appearance is permitted under LBR 2090-1(a)(3), unless otherwise required by the presiding judge. In return for the fee disclosed above, I have agreed to provide the required legal services indicated below in paragraph "a", and, if any are indicated, the additional services checked in paragraph "4.b".

a. **Services required to be provided:**

- Analysis of the Debtor's financial situation, and advice to the Debtor in determining whether to file a bankruptcy petition;
- Preparation and filing of any petition, lists, schedules and statements and any other required case commencement documents; and
- Representation of the Debtor at the initial § 341(a) meeting of creditors.

b. **Additional legal services I will provide:**

- Any proceeding related to relief from stay motions.
- Any proceeding involving an objection to the Debtor's discharge pursuant to 11 U.S.C. § 727.
- Any proceeding to determine whether a specific debt is nondischargeable under 11 U.S.C. § 523.
- Reaffirmation of a debt.
- Any lien avoidance under 11 U.S.C. § 522(f)
- Other (specify):

5. If in the future I agree to represent the Debtor in additional matters, I will complete and file the Attorney's Disclosure of Postpetition Compensation, LBR form F 2016-1.4.ATTY.COMP.DISCLSR.

DECLARATION OF ATTORNEY FOR THE DEBTOR

I declare under penalty of perjury that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the Debtor in this bankruptcy case

Date: 07/01/2025



Signature of attorney for the Debtor

Karine Gevorgyan, Esq.

Printed name of attorney

KVG Legal Counseling APC

Printed name of law firm

DECLARATION OF THE DEBTOR

I/we declare under penalty of perjury that my attorney has explained to me/us the limited scope of representation as outlined above. I/we understand that I/we have paid or agreed to pay solely for the required services listed in paragraph 4a, and the additional services (if any) that are checked off in paragraph 4b above, and that I/we am representing myself/ourselves for any other proceedings unless a new agreement is reached with an attorney.

Date: 07/01/2025



Signature of Debtor 1

Simon Hovsepyan

Printed name of Debtor 1

Date: _____

Signature of Debtor 2 (Joint Debtor)(if applicable)

Printed name of Debtor 2

MASTER MAILING LIST OF CREDITORS

DEBTOR 1: SIMON HOVSEPYAN

DISCOVER BANK
ATTN: Bankruptcy Department
PO BOX 30939
Salt Lake City, UT 84130

AFFIRM INC
ATTN: Bankruptcy Department
30 Isabella St, Floor 4,
Pittsburgh, PA 15212

ALLY FINANCIAL
ATTN: Bankruptcy Department
500 Woodward Ave,
Detroit, MI 48226

AMEX
ATTN: Bankruptcy Department
43 Butterfield Circle,
El Paso, TX 79906

APPLE CARD/GS BANK USA
ATTN: Bankruptcy Department
LOCKBOX 6112 PO BOX 7247
Philadelphia, PA 19170

BANK OF AMERICA
ATTN: Bankruptcy Department
NC1-021-02-12, 401 N Tryon St,
Charlotte, NC 28255

CAPITAL ONE BANK
ATTN: Bankruptcy Department
1680 Capital One Dr.,
McLean, VA 22102

CBNA

ATTN: Bankruptcy Department
P.O. Box 6767,
Sioux Falls, SD 57117

CCB/BREADCASHBACK

ATTN: Bankruptcy Department
PO Box 183043,
Columbus, OH 43218

COMENITYCB/TOYOTA VISA

ATTN: Bankruptcy Department
PO Box 183043,
Columbus, OH 43218

FREEDOM ROAD FINANCIAL

ATTN: Bankruptcy Department
10509 Professional Cir S
Reno, NV 89521

GOLDMAN SACHS AND CO

ATTN: Bankruptcy Department
PO BOX 70321
Philadelphia, PA 19176

JP MORGAN CHASE BANK

ATTN: Bankruptcy Department
Mail Code LA4-7200, 700 Kansas Lane
Monroe, LA 71203

RIZE FCU

ATTN: Bankruptcy Department
PO Box 8017
El Monte, CA 91734

SERVICE FCU
ATTN: Bankruptcy Department
PO Box 410
Portsmouth, NH 03802

SYNCB
ATTN: Bankruptcy Department
P.O. Box 965065
Orlando, FL 32896

SYNCB/LOWES
ATTN: Bankruptcy Department
P.O. Box 965061
Orlando, FL 32896

TOYOTA MOTOR CREDIT
ATTN: Bankruptcy Department
PO BOX 9786 Cedar
Rapids, IA 52409

US BANK
ATTN: Bankruptcy Department
P.O. Box 6352
Fargo, ND 58125

WFBNA CARD
ATTN: Bankruptcy Department
P.O. Box 51193
Los Angeles, CA 90051

IMPRINT PAYMENTS, INC.
ATTN: Bankruptcy Department
77 Water Street Ste 2304
Brooklyn, NY 10005

LOVE'S TRAVEL STOPS

ATTN: Bankruptcy Department
10601 N Pennsylvania
Oklahoma City, OK 73120

QUICK BOOKS CAPITAL

ATTN: Bankruptcy Department
2700 Coast Avenue
Mountain View, CA 94043

PREPASS

ATTN: Bankruptcy Department
101 E Washington St Ste 500
Phoenix, AZ 85004

VERIZON WIRELESS

ATTN: Bankruptcy Department
500 Technology Drive, Suite 550
Weldon Spring, MO 63304

DRIVEKS, TOLL STATEMENT

ATTN: Bankruptcy Department
Kansas Turnpike Authority, 9401 E Kellogg Dr
Wichita, KS 67207

JEFFERSON CAPITAL SYST

ATTN: Bankruptcy Department
16 Mcleland Rd,
Saint Cloud, MN 56303

MIDLAND CREDIT MANAGEMENT INC.

ATTN: Bankruptcy Department
350 Camino De La Reina, Suite 100,
San Diego, CA 92108

CREDIT CONTROL LLC
ATTN: Bankruptcy Department
3300 Rider Trail S Suite 500
Earth city, MO 63045

FIRSTSOURCE ADVANTAGE, LLC
ATTN: Bankruptcy Department
205 Bryant Woods South
Amherst, NY 14228

CLIENT SERVICES INC.
ATTN: Bankruptcy Department
3451 Harry S Truman Blvd
Saint Charles, MO 63301

SUNRISE CREDIT SERVICES INC.
ATTN: Bankruptcy Department
PO BOX 9004
Melville, NY, 11747

MCCARTHY, BURGESS & WOLFF
ATTN: Bankruptcy Department
26000 Cannon Road
Cleveland, Ohio 44146

CAINE & WEINER
ATTN: Bankruptcy Department
PO BOX 55848
Sherman Oaks, CA 91413

PUCIN & FRIEDLAND, LAW OFFICE OF JOHN S. PUCIN, P.C.
ATTN: Bankruptcy Department
5805 Sepulveda Blvd., 4th floor
Sherman Oaks, CA 91411

F.H. CANN & ASSOCIATES, INC.
ATTN: Bankruptcy Department
100 Domain Drive, Suite 200
Exeter, NH 03833

BIEHL & BIEHL, INC.
ATTN: Bankruptcy Department
PO BOX 87410,
Carol Stream, IL 60188

DIVERSIFIED ADJUSTMENT SERVICE, INC.
ATTN: Bankruptcy Department
PO BOX 32145
Fridley, MN 55432

RADIUS GLOBAL SOLUTIONS LLC
ATTN: Bankruptcy Department
7505 Metro blvd. Suite 400
Edina, MN 55437

AMUR EQUIPMENT FINANCING INC.
ATTN: Bankruptcy Department
304 W. 3rd St. P.O. Box 2555
Grand Island, NE 68801

STUART – LIPPMAN AND ASSOCIATES INC.
ATTN: Bankruptcy Department
5447 East 5th Street, Suite 110
Tucson, AZ 85711

DEPARTMENT OF MOTOR VEHICLES
ATTN: Bankruptcy Department
P.O.BOX 825339,
Sacramento, CA 94232

Certificate Number: 15725-CAC-CC-039804630



15725-CAC-CC-039804630

CERTIFICATE OF COUNSELING

I CERTIFY that on June 25, 2025, at 2:11 o'clock PM EDT, Simon Hovsepyan received from 001 Debtorcc, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Central District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: June 25, 2025 By: /s/Angela Rosa

Name: Angela Rosa

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).